

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly Bulletin



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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.  
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XII, No. 49

January 6, 1934

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EDITOR

## Looking Back on 1933

By GILES S. PORTER, M.D., Director, California Department of Public Health

From a public health standpoint, the year 1933 in California has been an unusual year. It has been a crucial time in public health administration. Working under reduced appropriations, handicapped by losses in personnel, health officers have labored under difficulties. In spite of the many handicaps suffered through loss of financial support, commendable records have been made. While public health conditions generally have been good, there are indications that many old problems in public health are becoming intensified and many new problems are also appearing on the horizon.

Increased numbers of reported cases of tuberculosis and the venereal diseases in some localities would, at first glance, make it appear that these diseases are more prevalent. The increases are more apparent than real, however, for most of such cases are reported from public clinics and the economic trend of the times has had much to do with increased attendance at such clinics. While it is reasonable to believe that more cases of tuberculosis have developed in the general population during 1933, there is slight indication of any increase except in the larger numbers of cases that are reported locally from free clinics. It may be, however, that this is only a reflection of the reduced economic status of the general public.

The exodus of Mexicans to their native land has been productive to a certain extent of better public health records, particularly in southern California.

The removal of these people has resulted in a lower birth rate for the State as a whole. It has also been a factor in bringing about reduced rates for infant mortality, tuberculosis and venereal diseases among Mexicans.

None can state what changes in population have occurred within the State during the past year. It is certain that there has been a distinct movement of the general population from urban to rural districts, but little accurate information upon the subject is available. There has been an unprecedented migration of casual laborers and unemployed to California. The Civilian Conservation Corps camps have brought thousands of young men into the State but they have been under direct medical supervision and public health conditions among them have been kept under control. It has been suggested that a census of the population should be taken in 1935 in order that public officials may have more reliable available information relative to the status of the general population. It would certainly be of the utmost value to health officers if such a census were taken. The changes that have occurred since the census of 1930 make it highly important that an enumeration be made five years later. The use of Federal funds for emergency relief might well be devoted to important work of this nature and it would provide employment for many individuals. Certainly, no accurate appraisal can be made of the status of social and health conditions



until such time as more reliable information relative to the population of the State shall become available.

The year 1933 brought two unusual situations which required intensive effort upon the part of the State Department of Public Health. The first of these was the earthquake disaster in Long Beach and vicinity. Through the active cooperation of State and local officials, the sanitation of this district following breakage in water and sewer mains was maintained in a high degree of efficiency. No epidemic of communicable disease followed this disaster. The cotton pickers' strike in the southern part of the San Joaquin Valley, which occurred in the fall of the year, also brought problems in sanitation which required concentrated efforts on the part of State and local health officers. In spite of the difficulties encountered the general situation within the district was maintained at a high level.

Among the communicable diseases during 1933, intestinal infections have demanded first attention. Typhoid fever, bacillary dysentery and food poisoning cases have occurred continually. Although the incidence of typhoid fever during recent years has been reduced greatly, this disease must still be reckoned with. Outbreaks, the sources of which are still obscure even after intensive investigations, have been too common during the past year. Since food supplies under modern methods of distribution come from a wide variety of sources, strictest diligence must be used in establishing the purity of all food products that are consumed by the general public. Outbreaks of bacillary dysentery have also occurred commonly during the past year and cases of food poisoning have occurred with remarkable regularity. In spite of the great improvements that have been made in the sanitation of food-producing establishments and in methods of storing and handling foods, there is still room for vast improvement. The proper handling of food products is not all that might be desired.

On the other hand, there is evidence that many of the gastro-intestinal infections that are so widespread in their prevalence throughout the country may probably be due to a virus. This fact alone makes the careful investigation of all outbreaks of this character a matter of first importance. Nothing could better emphasize the changing characteristics that occur in communicable diseases than the present status of intestinal infections. The field for investigation into the subject is almost unlimited and health officers throughout the State are well aware of the difficulties encountered in the control of these diseases.

Since the Chicago outbreak of amoebic dysentery in the late summer of 1933, the physical examination of food handlers has assumed a new importance. Pasa-

dena, San Diego and Glendale have ordinances which require the physical examination of food handlers. In the light of present events, it would seem that many other cities might profit greatly through the adoption and enforcement of such regulations. It is well known that there are large numbers of typhoid carriers who remain undiscovered and it is reasonable to suppose that no inconsiderable number of such carriers is always present among food handlers. The discovery and weeding out of such carriers might be of inestimable importance in reducing the prevalence of many intestinal infections.

Rabies in animals has been unusually prevalent during the past year, with indications that the disease is spreading into communities where it has been of rare occurrence. The disease first appeared in California in 1899 and, while it is kept under control in some counties, in many communities no apparent efforts in the control of the disease have been noticed. Unless action is directed toward the control of this disease among dogs, it is reasonable to suppose that human deaths from this easily prevented disease will occur.

Psittacosis has constituted an important problem during the past year. State regulations for the control of this disease have been enforced but, due to lack of cooperation among a few individuals, the enforcement has not been as successful as might be desired. Recent developments, however, indicate that the State regulations are now observed in better fashion. The disturbing embargoes upon California parrakeets are still in effect, however.

Plague is always a problem in California and the survey conducted by the Bureau of Sanitary Inspections has revealed that this disease is still found in rodents in widely separated communities of the State. A single human case of this disease occurred in 1933. Vigilance in determining the trend of plague and in the destruction of infected rodents is essential if the general public is to be safeguarded properly against this highly fatal disease.

The State Department of Public Health, when requested by local health officers, has assisted in carrying on immunization programs against both diphtheria and smallpox. As a result of this work, many thousands of California children have been immunized against diphtheria. This work is done only in those communities which request it. In the rural districts, where immunization is not readily available to the average child, organized efforts are productive of particularly beneficial results in the prevention of diphtheria.

The year 1933 has not produced visible scars due to the effects of the economic depression. The reduced economic state of the general population may have



developed conditions which will be reflected in the public health records of future years, but no immediate effect has become visible as yet. It is doubtful that there has ever been a time when the intensive application of the principles of public health has been needed more than at present. There is an uncertainty which makes the application of such principles indispensable.

Health officers are alert in discovering new and unfavorable conditions as they appear. It is only through the support of the general public and the lawmakers that public health can be safeguarded in adequate fashion. The coming year will unquestionably bring many new problems before local health officers and many old problems will unquestionably become more aggravated. In spite of handicaps, health officers are endeavoring to prepare against contingencies and with a brighter outlook in the economic situation it is hoped that the public health may be maintained at least on an even keel.

#### **UNFIT FOODS DESTROYED**

Large amounts of foodstuffs found unfit for human consumption were destroyed under supervision of the Bureau of Food and Drug Inspection during November. Among these were insect-infested dried figs and macaroni, apple products containing excessive lead and arsenic, and salvaged stocks of canned goods. Every effort was made to recondition these products so as to make them wholesome and they were not destroyed until after it had been determined that they could not be rendered fit for human consumption.

Foodstuffs now in quarantine under orders of the State Board of Public Health include insect-infested dried fruits, improperly colored salad dressings, pickles and preserves, artificially colored noodles, adulterated and mislabeled jams, jellies, preserves, and moldy food products of various sorts.

#### **FOOD AND DRUG LAW VIOLATORS PROSECUTED**

During November, the Bureau of Food and Drug Inspection conducted ten successful prosecutions against violators of the food and drug laws. Most of these convictions were secured in Los Angeles and Oakland and most of them consisted of violations of the Egg Standardization Act. Fines ranging in amount from \$10 to \$50 were imposed.

"A mere increase in knowledge is not enough to safeguard health and prevent disease; the knowledge must be understood, accepted and practiced by the people."

#### **LOS ANGELES COUNTY HEALTH DEPARTMENT REPORTS**

The annual report of the Los Angeles County Health Department, J. L. Pomeroy, M.D., Health Officer, for the fiscal year 1932-1933, has been issued. This report maintains the same high standard for which preceding reports are noted. In spite of a reduced budget the department has accomplished outstanding work during the past year. This department, which is one of the largest county health departments in the United States, has achieved conspicuous results in the control of communicable diseases and in the production of low infant mortality rates. It serves the population of a large unincorporated area and, in addition, through contracts, administers the public health affairs of most of the municipalities within the county.

The county is divided into districts, each of which is served by a district health officer. Conspicuous results have been achieved in the improvement of general health conditions in those sections which are populated heavily by Mexicans. The report of the department covers the activities of the following bureaus: administration, medical and social service, maternal and child hygiene, inspection, public health nursing, communicable disease control, and laboratories.

The report indicates that in spite of unfavorable conditions the general death rate has fallen, the infant mortality rate is reduced, and tuberculosis, diphtheria and typhoid fever show lower death rates.

#### **PHYSICIANS' IMMUNIZATION PLAN**

Dr. H. C. Brown, City Health Officer of San Jose, has made the following report relative to the cooperative plan between the Santa Clara County Medical Society and the health departments of San Jose, Palo Alto and Santa Clara County, for promoting the immunization of children against diphtheria:

"Few individuals or professions have escaped some result of the stress of the last few years. The medical profession, both public health physicians and private physicians, have experienced reverses along with other people. Out of the transition and their many problems has grown a need of a more common understanding between the organized medical profession and the local health agency, both of which have a similar purpose; the preservation and conservation of human life. Physicians are beginning to realize that they must practice preventive measures increasingly in the future. Health departments realize they must shift some of their responsibilities to private physicians and have their cooperation in all public health activities. Several plans along this line have been worked out, and are now in use in different parts of the country; a few of which are the "Detroit Plan"



or the "Vaughan Plan," "The Alameda Plan," "The Maryland Plan" and others. In this county we find similar trends along very beneficial lines.

"The Santa Clara County Medical Society in cooperation with the Health Departments of San Jose, Palo Alto and Santa Clara County, is making preparation for the abolishment of free diphtheria immunization clinics. In place of such clinics individual members of the Medical Society have agreed to immunize children at a reduced rate, or, in the case of indigents, to administer this immunization free. We have every reason to believe that this venture will prove more successful and lead to fuller participation by physicians in all preventive measures to the mutual benefit of the public, private physicians and health departments."

### NEW HEALTH OFFICER AT SAN MATEO

James A. Warburton, M.D., has been appointed City Health Officer of San Mateo to succeed W. C. McLean, D.V.M., who has held the position for many years.

The general objectives of all public health nursing services are—

1. To assist in educating individuals and families to protect their own health.
2. To assist in the adjustment of family and social conditions that affect health.
3. To assist in correlating all health and social programs for the welfare of the family and community.
4. To assist in educating the community to develop adequate public health facilities.—*Wisconsin Health Bulletin*.

### MORBIDITY\*

#### Diphtheria

15 cases of diphtheria have been reported, as follows: Butte County 1, Kern County 1, Los Angeles County 5, El Monte 1, Glendale 1, Salinas 1, Napa County 1, San Diego 1, San Francisco 1, Tulare County 1, Ventura County 1.

#### Chickenpox

228 cases of chickenpox have been reported. Those communities reporting 10 or more cases are as follows: Oakland 17, Los Angeles County 16, San Francisco 23, San Joaquin County 10, Stockton 20, Santa Barbara County 13.

#### Measles

327 cases of measles have been reported. Those communities reporting 10 or more cases are as follows:

\*From reports received on January 2d and 3d, 1934, for week ending December 30, 1933.

low: Oakland 58, Grass Valley 25, Riverside County 11, Chula Vista 60, San Diego 144.

#### Scarlet Fever

158 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 22, San Francisco 19.

#### Whooping Cough

123 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 19, Los Angeles County 13, Stockton 19.

#### Smallpox

6 cases of smallpox have been reported, as follows: Chico 1, Glendale 1, Ventura 4.

#### Typhoid Fever

11 cases of typhoid fever have been reported, as follows: Beverly Hills 1, Torrance 1, Monterey Park 1, Sacramento County 1, San Diego County 1, San Diego 5, California 1.\*\*

#### Meningitis (Epidemic)

4 cases of epidemic meningitis have been reported, as follows: Inglewood 1, San Francisco 1, San Mateo 1, Tuolumne County 1.

#### Poliomyelitis

3 cases of poliomyelitis have been reported, as follows: Glendale 1, Orange County 1, Stockton 1.

#### Trichinosis

One case of trichinosis from Oakland has been reported.

#### Food Poisoning

181 cases of food poisoning have been reported, as follows: Monterey Park 1, Sacramento 180.

#### Undulant Fever

6 cases of undulant fever have been reported, as follows: Glendale 1, Ontario 1, Stockton 2, Santa Barbara County 1, Santa Rosa 1.

#### Coccidioidal Granuloma

One case of coccidioidal granuloma from Kern County has been reported.

\*\*Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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